Notice to Employee Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tar cturn. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 show an amount or if you are eligible for any credit. Emmed income credit (BC). Now may be able to take the EIC for 2017 if your adjusted gross income (AGI) is less than a certain amount. The amount of credit is based on income and family toir Workers without children could qualify for a smaller credit. You and any qualifying children most than the specified amount for 2017 or if income is among that the the EIC in your investment income is more than the specified amount for 2017 if or if more is earned for services provided while you were an immate at a penal institution. For 2017 in nome limits and more information, vis its was its growtice. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax habilay is refunded to Also see Pub. 590, taiment income creater, sur lace una to more una series and series an

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSA, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2 form our employer for all corrections mules ony our my filt them with your tax return. If your name and SSN are correct but archi the same as shown on your social security card, you should ask for a new card that dlapples your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at www.SSA.gov. **Cost of employer-spassored health coverage** (if such **cost** is provided by the **employer**). The reporting in Box 12, using Code DD, of the cost of **employer-spassored health coverage** (if such **cost** is provided by the **employer**). The reporting in Box 12, using Code DD, of the cost of **employer**-sponsored health coverage (if such cost of **employer-spassored health coverage** (if such **cost** is provided by the **employer**). The reporting in Box 12, using Code DD, of the cost of **employer**-sponsored health coverage (if such cost and **cost of the scccs** a gainst your federal income tax. If you had more than B7,886.40 in social security and/or Fier 1 railvoad retirement (RRT A) taxes were withheld, you also may be able to clain a credit for the scccss a gainst your federal income tax. If you had more than ore than aftod employer and more than \$4,630.50 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. Sec your Form 10400 Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income tax withheld line of your tax return.
Box 5. Your may be required to report this amount on Form 8939, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8939.
Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax to any of those Medicare wages and tips shown

\$200,000. Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions. You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated it pa amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Form 4137 you will ackulte the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you have the social security and Medicare tax owed on the allocated tips.

must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits). 8 Box 9. If you are e-filing and if there is a code in this box, enter it when prompted by your software. The only valid characters are the letters A-F and numerals 0-9. This code assists the IRS in validating the V-2 data submitted with your return. The code is not entered on paper-filed returns. Box 10. This amount includes the total dependent care benefits that your employer piad to you or incurred on your bahil (in childing amounts from a section 125 (cafetonia) planu). Any anomati over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

compute any taxable and nontaxable amounts. Box 11. This amounts is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral and era nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of you right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendary year. If you made a deferral and received a distribution to the same calendary year. If you made a deferral and received a distribution to the same calendary year. you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a

Box 12. The following list explains the codes shown in box 12. You may need this information to Complete your return. Beckvice deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,000 (\$12,500 if you only here SIMPLE plans; \$21,000 for scion 403(b) plans if you qualify for the 15-year rule explained in Pub. \$711). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to

have SIMPLE plans; S24,000 ton second and se i made excess

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

B-Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social

security wage base), and 5) D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under

a SIMPLE retirement account that is part of a section 401(k) arrangement E—Elective deferrals under a section 403(b) salary reduction agreement

F-Elective deferrals under a section 408(k)(6) salary reduction SEP G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b)

deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct. J—Notaxable site pay (information only, not included in hoxes 1, 3, or 5) K—20% excise tax on excess golden parachute payments. See "Other Taxes" in the Form 1040

Instructions. L—Substantiated employee business sequences relatively for a first sequence over \$30,000 (forme employees only, see "Other Taxes" in the Form 1040 instructions. N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

0 -Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on

Performance to the part of the performance of the p

-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to mute any taxable and nontaxable amounts.

compute any taxable and nontaxable amounts. **V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your Health Savings Account. Report on Form 8889, Health Savings Accounts

(ISAs). Z—Deferrate under a section 409A nonqualified deferred compensation plan. Z—Derome under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxs" in the Form 1040 instructions. AA—Designated Roth contributions under a section 401(k) plan. BB—Designated Roth contributions under a section 403(b) plan. DB—Decost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

DD—Coxi of emphyser-sponsored health coverage. The amount reported with Code use is not travable.
 EE—Designated Roth contributions under at governmental section 457(b) plan. This amount does not apply to contributions under at a scenngt organization section 457(b) plan.
 FF—Permitted benefits under a qualified small emphyser health reinhursement arrangement Box 13.1 (ft for Steirnement plan" box is checked, special limits may apply to the amount of tradiniant IRA contributions you may deduct. See Pub. 500-A. Contributions to Individual Retrement Arrangement (IRAs).
 Box 14.2 Employers may use this box to report information such as state disaduet, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, and a member of the ckrgy's paysonage allow ance and utilities.
 Railwaid emphysers use this box to report information such as state disadvect, nontaxable income, educational assistance payments, chalth insurance premiums deducted, nontaxable income, educational assistance payments, and member of the ckrgy's paysonage allow ance and utilities.
 Railwaid emphysers use this box to report information such as state disadvect, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, and and emphyse to the employer in information terms (RATA) compression. The Test of the test paysonage allow ance end utilities.

tax. Medicare tax and Additional Medicare Tax. Incluse type reported by uncompary community in million element (RRTA) compensation. Note: Keep Copp C of Form W-2 for at least 3 years after the due date for films your incom-return. However, to help protect your social security benefits, keep Copy C unit) you begin in social security benefits, just in case there is a question about your work record and/or earning.

social security be particular year

Form W-2 Wage and Tax Statement 2017

Copy C, for employee's records This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 c Employer's name, address, and ZIP code Void 0035-18097976 TUPOIN INC 000000012 b Employer's identification number Employee's s social security numbe 2300 LAKEVIEW PKWY 2 Federal Income tax withh 1 Wages, tips, other comp 47-1233257 858-38-9263 20562.00 3360.99 SUITE 700 13 Statutory Employee Retire plan Third-pa sick pay 3 Social Security wages 4 Social Security tax with ALPHARETTA GA 30009 20562.00 1274.84 12 See Instrs. for Box 12 14 Othe e Employee's name, address, and ZIP code 5 Medicare wages and tip: 6 Medicare tax withhel 20562.00 298.15 OMAR FAROOK K MEERA SHAMSUDEEN 7 Social Security tips 8 Allocated Tips 2629 ALISDALE DRIVE 10 Dependent care benefits 11 Nongualified plans TOLEDO OH 43606 Verification Code 6125-c260-0a59-7570 15 Sta Employer's state I D No 16 State wages, tips, et 17 State income tax 18 Local wages, tips, etc 19 Local income tax 20 Locality 462.68 OH 20562.00 TOLED OH 642.85 20562.00

Form W-2 Wage and Tax Statement

2017

2017

Copy B, to be filed with employee's FEDERAL tax return

d Control	number					Void	c Employer	s name, address, and ZIP o	code		Departn	nent of the Treasury - Inter	mal Revenue Se	arvice		
0035-18097976 000000012-					TUPOIN INC					OMB No. 1545-0008						
b Employer's identification number a Employee's social security number					2300 LAKEVIEW PKWY					1 Wages, tips, other compensation 2 Federal Income tax withheld						
47-1233257 858-3			858-3	38-9263		SUITE			1 Wages, tips, other compensation 20562.00			Federal Income	3360.99			
13 Statu Emplo		Reti I plan	etirement		Third-party sick pay	у	~					3 Social Security wages		4 Social Security tax withheld		
Linpa	Employee plan		biokpay		ALPHARETTA GA 30009			20562.00								
12 See Instrs. for Box 12 14 Other					e Employee's name, address, and ZIP code				5 Medicare wages and tips			6 Medicare tax withheld				
												205	62.00		298.15	
								FAROOK K M		HAMSUDEEN	7 Social	Security tips	8.	Allocated Tips		
							TOLED	O OH 43606			10 Depe	ndent care benefits	11	I Nonqualified p	lans	
											Verifi	cation Code				
												6125	-c260-0a	59-7570		
15 State	Emplo	yer's state	I.D. No.		16 State wages,	tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality	name	
OH						2	0562.00		642.85	205	62.00		462.68	OH	TOLED	

Form W-2 Wage and Tax Statement

Copy 2, to be filed with employee's tax return for OH

d Control number Void					s name, address, and ZIP code		Department of the Treasury - Internal Revenue Service					
0035-18097976 000000012-				TUPOII	N INC		OMB No. 1545-0008					
b Employer's identification num	ber a Employee's	social security nu	mber	2300 LA	AKEVIEW PKWY		1 Wages, tips, other compensation 2 Federal Income tax withheld					
47-1233257	47-1233257 858-38-9			SUITE 700				20562.00	2 rederar moome tax with	3360.99		
13 Statutory Re Employee pla	tirement	Third-party sick pay					3 Socia	Security wages	4 Social Security tax withheld			
Linpidyee pla		ыск рау		ALPHA	RETTA GA 30009		5 50018	20562.00		1274.84		
12 See Instrs. for Box 12			e Employee	's name, address, and ZIP code		5 Medio	care wages and tips	6 Medicare tax withheld				
								20562.00		298.15		
				OMAR	FAROOK K MEERA SI	HAMSUDEEN	7 Socia	I Security tips	8 Allocated Tips			
				2629 Al	LISDALE DRIVE							
				TOLED	O OH 43606		10 Dep	endent care benefits	11 Nonqualified plans			
							Verif	ication Code				
15 State Employer's stat	e I.D. No.	16 State wages,	• •		17 State income tax	18 Local wages, tips, etc.	1	19 Local income tax	20 Locality name			
OH			20)562.00	642.85	2056	52.00	462.	68 OH T	OLED		

Notice to Employee Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tar ctrum. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit. Emmed income credit (BC). You may be able to take the EIC for 2017 if your adjusted gross income (AGI) is less than a certain amount. The annount of credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social institution. For 2017 or if income is earned for services provided while you were an immate at a peak institution. For 2017 in come limits and more information, vist we ware, argovetic. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax hability is refunded to you, but only if you file a tax return.

Also see Pub. 590, taimei informe e cour, sur la coura o more man particular o more man particular o you, but only if you file a tax return. Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers. Service of the servic

Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSA, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2 form our employer for all corrections mules ony our my filt them with your tax return. If your name and SSN are correct but archi the same as shown on your social security card, you should ask for a new card that dlapples your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at www.SSA.gov. **Cost of employer-spassored health coverage** (if such **cost** is provided by the **employer**). The reporting in Box 12, using Code DD, of the cost of **employer-spassored health coverage** (if such **cost** is provided by the **employer**). The reporting in Box 12, using Code DD, of the cost of **employer**-sponsored health coverage (if such cost of **employer-spassored health coverage** (if such **cost** is provided by the **employer**). The reporting in Box 12, using Code DD, of the cost of **employer**-sponsored health coverage (if such cost and **cost of the scccs** a gainst your federal income tax. If you had more than B7,886.40 in social security and/or Fier 1 railvoad retirement (RRT A) taxes were withheld, you also may be able to clain a credit for the scccss a gainst your federal income tax. If you had more than ore than aftod employer and more than \$4,630.50 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. Sec your Form 10400 Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Inset attention for Emproyee.
Box I. Enter this amount on the wages line of your tax return.
Box Z. Enter this amount on the federal income tax withheld line of your tax return.
Box S. You may be required to report this amount on form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.
Box 6. This amount includes the 1.45% Medicare Tax withheld in all Medicare wages and tips above in Box 5, as well as the 0.9% Additional Medicare Tax withheld on all Medicare wages and tips above

\$220,000.
Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.
You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated it parnount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, a smaller amount If you have records that allocated tips of Form 4137 out will calculate the social security and Medicare Tax owed on the allocated tips shown on your Form(s) W-2 that you for the social security and Medicare tax owed on the allocated tips.

must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits). Box 9. If you are e-filing and if there is a code in this box, enter it when prompted by your software. The only valid characters are the ketters AF and numents (0-9. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper-filed returns. Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (nc huding amounts from a section 125 (cafderina) plan). Any amount over 55,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Experses, to compute any taxable and nontaxable amounts. Box 11. This amount is (0a) reported in box 1 if is a distribution made to you from a nonqualified deferred compensation rongovernmental section 457(b) plan the heacma taxable for social security and Medicare taxas this year because there is no longer a substantial risk of forferiture of your ight to the deferred amount. This box shoulds the town 457(b) plan that bacen taxable for social security and Medicare taxas this year because there is no longer a substantial risk of forferiture of your oyu are or will be age 62 by the end of the calendary arer, your employer should the Form SA-131, you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a

Box 12. The following list explains the codes shown in box 12. You may need this information to Det de complete your averturn. Blechte deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,000 (\$12,500 if you only have SIMPLE plans, \$21,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. \$711,) Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$5,000.

have SIMPLE plans; \$21,000 for section 40(8) plans if you quilty for the 1-year rate expanseo an plub 571). Deferming under code G are limited to \$18,000. Deferring under code H are limited to \$7,000. However, if you were at less age 50 in 2017, your employer may have allowed an additional deferral of up to \$6,000 (53,000 for section 401(8)(11) and 40(8)) SIMPLE plans). This additional deferral of up to \$6,000 (53,000 for section 401(8)(11) and 40(8)) SIMPLE plans). This additional deferral more in normation. Anomatis in exceedive deferrals, for code G, the limit must be included in income. See the "Wages, Salaris; Tps, etc." line instructions for Form 1040. Note, If y aver(r)follow code D Anomago H & S, YAA, B, or EE, you made a nucle appearies contribution for a prior your(s) when you were in military survices. To figure whether you made exceed deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5) \mathbf{D} —Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Grosss Income" in the Form 1040 instructions for how to deduct. J—Notaxable Six pay (information only, not included in boxes 1, 3, or 5) K—20% excise tax on excess golden parachate payments. See "Other Taxes" in the Form 1040

Instructions. L—Substantiated employee business sequences relatively for a first sequence over \$30,000 (forme employees only, see "Other Taxes" in the Form 1040 instructions. N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

O-Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on

Performance to the part of the performance of the p

–Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to mpute any taxable and nontaxable amounts.

compute any taxable and nontaxable amounts. **V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

requirements. W—Empbyer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your Health Savings Account. Report on Form 8889, Health Savings Accounts

(ISAs). Z—Deferrate under a section 409A nonqualified deferred compensation plan. Z—Derome under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxs" in the Form 1040 instructions. AA—Designated Roth contributions under a section 401(k) plan. BB—Designated Roth contributions under a section 403(b) plan. DB—Decost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

DD—Coxi of emphyser-sponsored health coverage. The amount reported with Code use is not travable.
 EE—Designated Roth contributions under at governmental section 457(b) plan. This amount does not apply to contributions under at a scenngt organization section 457(b) plan.
 FF—Permitted benefits under a qualified small emphyser health reinhursement arrangement Box 13.1 (ft for Steirnement plan" box is checked, special limits may apply to the amount of tradiniant IRA contributions you may deduct. See Pub. 500-A. Contributions to Individual Retrement Arrangement (IRAs).
 Box 14.2 Employers may use this box to report information such as state disaduet, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, and a member of the ckrgy's paysonage allow ance and utilities.
 Railwaid emphysers use this box to report information such as state disadvect, nontaxable income, educational assistance payments, chalth insurance premiums deducted, nontaxable income, educational assistance payments, and member of the ckrgy's paysonage allow ance and utilities.
 Railwaid emphysers use this box to report information such as state disadvect, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, health insurance premiums deducted, nontaxable income, educational assistance payments, and and emphyse to the employer in information terms (RATA) compression. The Test of the test paysonage allow ance end utilities.

a SIMPLE reitement account that is part of a section 40(k) arrangement. E—Elective deferrals under a section 40(k) salary reduction sgreement F—Elective deferrals under a section 40(k) salary reduction SEP G—Elective deferrals under a section 40(k) salary reduction SEP G—Elective deferrals under a section 40(k) salary reduction SEP G—Elective deferrals under a section 40(k) salary reduction SEP G—Elective deferrals under a section 40(k) salary reduction SEP G—Elective deferrals under a section 40(k) salary reduction SEP G—Elective deferrals under a section 40(k) salary reduction SEP G—Elective deferrals und employer contributions (including nonelective deferrals to a section 45(k)) G=CHERCH CHERCH SECTION (Including Including Including

Copy 2, to be filed with employee's tax return for TOLED

Form W-2	Wag	ge ai	nd Tax	Statemer	nt	2017	compensation pair	Сору	2, to be file	d with	employee's tax ret	urn f	or TO	DLED
d Control number 0035-180979 b Employer's identi			000012-	social security nu	Void	TUPOI					ment of the Treasury - Internal Reven Io. 1545-0008	ue Servic	Ð	
47-123325	1	Retireme	858-	38-9263 Third-party	Inder	2300 LA SUITE	AKEVIEW PKWY 700			1 Wage	es, tips, other compensation 20562.00	2 Fede	ral Income ta	x withheld 3360.99
Employee		plan		sick pay		ALPHA	RETTA GA 30009	Ð		3 Socia	al Security wages 20562.00		al Security ta:	1274.84
12 See Instrs. for B	ox 12	14	Other			e Employee	's name, address, and ZIP code			5 Medi	care wages and tips 20562.00	6 Medi	care tax with	held 298.15
						-	FAROOK K MEEI LISDALE DRIVE	RA SH	AMSUDEEN	7 Socia	al Security tips	8 Alloc	ated Tips	
						TOLED	O OH 43606			10 Dep	endent care benefits	11 Nor	nqualified plan	ns
										Veri	fication Code			
	ployer's s	state I.D.	No.	16 State wages			17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality na	
ОН					20)562.00	64	42.85	20)562.00	462.	.68 C	Л	TOLED

Form W-2 Wage and Tax Statement 2017

d Control number				Void X	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
b Employer's identification number a Employee's social security number							1 Wages, tips, other compensation	2 Federal Income tax withheld			
13 Statutory Retirement Employee plan		.ent	Third-party sick pay			I	3 Social Security wages	4 Social Security tax withheld			
12 See Instrs. for Box 12	2 14	Other			e Employee's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld			
							7 Social Security tips	8 Allocated Tips			
							10 Dependent care benefits	11 Nonqualified plans			
							Verification Code				
15 State Employe	er's state I.D	. No.	16 State wages,	, tips, etc.	. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

Form W-2 Wage and Tax Statement 2017

d Control					Void X	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
b Employer's identification number a Employee's social security number					umber			1 Wages, tips, other compensation	2 Federal Income tax withheld			
						4						
13 Statutory Retiremer Employee plan		ement	nent Third-party sick pay				3 Social Security wages	4 Social Security tax withheld				
12 See In	nstrs. for Box 1	2	14 Other	•		e Employee's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld			
								7 Social Security tips	8 Allocated Tips			
								10 Dependent care benefits	11 Nonqualified plans			
								Verification Code				
15 State Employer's state I.C			I.D. No.	16 State wages	, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			